



Rock Island County Court Services

Adult Probation Division

2116 25th Avenue Rock Island, Illinois 61201

Telephone: (309) 558-3700 FAX: (309) 558-3738

MENTAL HEALTH COURT REFERRAL FORM

Please complete all fields and email completed form to Tracey Adair at tadair@co.rock-island.il.us or fax to Rock Island County Court Services at 309-558-3738.

For questions, please contact Tracey Adair, Mental Health Court Coordinator, at 309-558-3716.

Case Number (s):
Next Court Date:
Defense Attorney:
Date of Referral:
Defendant's Name:
DOB:
Phone:
Address:

Check any of the following boxes that apply:

- Ever served in the US Military.
- Presently receives SSI/SSDI benefits.
- Presently receiving mental health services. Where? _____

The candidate must meet the following eligibility standards during the screening process:

1. Must be a resident of Rock Island County or be willing to relocate to Rock Island County for the duration of the program.
2. Must score low-medium to medium-high risk on the LSI-R.
3. Must have been diagnosed with a serious mental illness as described in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revised (DSM-V.)
4. Must have been found fit to stand trial by a licensed clinician if a defendant's fitness is in question prior to involvement in mental health court.
5. Defendant must be willing to cooperate with the court, with an approved treatment agency and sign all releases of information required by the court.
6. Must meet the eligibility requirements as outlined in the mental health court treatment act 730 ILCS 168/20)